OPTIMA HEALTH

4417 Corporation Lane
Virginia Beach, VA 23462
1-844-512-3172 | OHCC and DSNP
1-800-229-8822 | Medicare and OFC

Print Form Reset Form Save Form

Government Programs: Authorization Request for Outpatient Intravenous Therapy

Optima Medicare Advantage | Optima Community Complete (DSNP)
Optima Health Community Care | Optima Family Care

Please submit via fax to 757-579-8625 or 1-844-305-2331

Member Name / Last, First	Member ID / Policy #	Date of Birth / Age	Today's Date

Site of Administration: ◯ **Infusion Center** ◯ **MD Office** ◯ **Home Health**

Diagnosis Codes:____/_____/_____/_____ Diagnosis Description: _____

Provider Information

Full Name of Ordering Physician:_____

Optima Provider #_____ NPI #_____ TaxID#_

Full Name of Servicing Provider/Facility:_____ Phone:_____ Fax:_____

Optima Provider #_____ NPI #_____ Tax ID#_____

Person Completing Form:_____ Phone:_____ Fax:_____

Physician's Orders

Start of Care:_____/_____/_____ End of Care:_____/_____/_____

Drug Name / J-Code:_____ Dose:_____ Frequency:_____

Drug Name / J-Code:_____ Dose:_____ Frequency:_____

Drug Name/ J-Code:_____ Dose:_____ Frequency:_____

Home Health Per Diem Codes: /_____/_____/_____

Comments:

_____

****Specialty medication PA drug form must be submitted with this request if applicable.**

Forms available at www.optimahealth.com.